

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213511370</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>HENRY SCHEIN, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA 23219</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2013</b></p> <p>SCC ID NO: <b>F1285446</b></p> </div> </div>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DE</b></p> </div> <div style="width: 35%;"> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>240,000,000</td> </tr> <tr> <td>PREFER</td> <td>1,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	240,000,000	PREFER	1,000,000
CLASS	AUTHORIZED							
COMMON	240,000,000							
PREFER	1,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 135 DURYEA RD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: MELVILLE, NY 11747</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES P BRESLAWSKI  TITLE: PRESIDENT  ADDRESS: 135 DURYEA RD  CITY/ST/ZIP/CO: MELVILLE, NY 11747 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JAMES P BRESLAWSKI TITLE: PRESIDENT ADDRESS: 135 DURYEA RD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
NAME: JAMES P BRESLAWSKI TITLE: PRESIDENT ADDRESS: 135 DURYEA RD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARK E MLOTEK  TITLE: VICE PRESIDENT  ADDRESS: 135 DURYEA ROAD  CITY/ST/ZIP/CO: MELVILLE, NY 11747 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MARK E MLOTEK TITLE: VICE PRESIDENT ADDRESS: 135 DURYEA ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
NAME: MARK E MLOTEK TITLE: VICE PRESIDENT ADDRESS: 135 DURYEA ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL S ETTINGER  TITLE: SEC/SR VP  ADDRESS: 135 DURYEA RD  CITY/ST/ZIP/CO: MELVILLE, NY 11747 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL S ETTINGER TITLE: SEC/SR VP ADDRESS: 135 DURYEA RD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR	
NAME: MICHAEL S ETTINGER TITLE: SEC/SR VP ADDRESS: 135 DURYEA RD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEVEN PALADINO  TITLE: CFO/EVP/D  ADDRESS: 135 DURYEA RD  CITY/ST/ZIP/CO: MELVILLE, NY 11747 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: STEVEN PALADINO TITLE: CFO/EVP/D ADDRESS: 135 DURYEA RD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
NAME: STEVEN PALADINO TITLE: CFO/EVP/D ADDRESS: 135 DURYEA RD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BARRY J ALPERIN  TITLE: DIRECTOR  ADDRESS: 135 DURYEA RD  CITY/ST/ZIP/CO: MELVILLE, NY 11747 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: BARRY J ALPERIN TITLE: DIRECTOR ADDRESS: 135 DURYEA RD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
NAME: BARRY J ALPERIN TITLE: DIRECTOR ADDRESS: 135 DURYEA RD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GERALD A BENJAMIN  TITLE: DIRECTOR  ADDRESS: 135 DURYEA ROAD  CITY/ST/ZIP/CO: MELVILLE, NY 11747 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: GERALD A BENJAMIN TITLE: DIRECTOR ADDRESS: 135 DURYEA ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
NAME: GERALD A BENJAMIN TITLE: DIRECTOR ADDRESS: 135 DURYEA ROAD CITY/ST/ZIP/CO: MELVILLE, NY 11747	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STANLEY M BERGMAN DIRECTOR 135 DURYEA RD MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL K BRONS DIRECTOR 135 DURYEA ROAD MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD J KABAT DIRECTOR 15 DURYEA ROAD MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILIP A LASKAWY DIRECTOR 135 DURYEA ROAD MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARYN MASHIMA DIRECTOR 135 DURYEA ROAD MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN S MATTHEWS DIRECTOR 135 DURYEA ROAD MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS W SULLIVAN MD DIRECTOR 153 DURYEA ROAD MELVILLE, NY 11747	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL S ETTINGER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL S ETTINGER, SEC/SR VP PRINTED NAME AND CORPORATE TITLE	3/5/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			